United Nations DP/FPA/DCP/CRI/3

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.: General
8 August 2007

Original: English

Second regular session 2007
10 to 14 September 2007, New York
Item 10 of the provisional agenda
UNFPA — Country programmes and related matters

United Nations Population Fund

Draft country programme document for Costa Rica

Proposed UNFPA assistance:	$5 million: $2.5 million from regular resources and $2.5 million through co-financing modalities and/or other, including regular resources
Programme period:	Five years (2008-2012)
Cycle of assistance:	Third
Category per decision 2005/13:	B

Proposed indicative assistance by core programme area (in millions of $):

	Regular resources	*Other*	*Total*
Reproductive health	1.10	1.4	2.50
Population and development	0.60	0.5	1.10
Gender	0.55	0.6	1.15
Programme coordination and assistance	0.25	—	0.25
Total	**2.50**	**2.5**	**5.00**

I. Situation analysis

1. The population of Costa Rica, estimated at 4.4 million in 2006, is growing at an annual rate of 1.7 per cent per year. Indigenous persons account for 1.7 per cent of the population; people of African descent for 1.9 per cent; and foreign-born persons (75 per cent of whom are emigrants from Nicaragua) for 8 per cent.

2. Since the 1980s, Costa Rica has made notable economic progress. Nevertheless, social inequalities have increased, and poverty persists. The poverty rate was 20.2 per cent in 2006, a slight increase over the 2002 figure of 20 per cent.

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In addition, 5.3 per cent of the population lives in extreme poverty, which is linked to gender, age and geographical location.

3. Costa Rica is at an advanced stage of its demographic transition. The accelerated ageing of the population presents challenges, given the poverty levels among the elderly, the low pension coverage, and the need for age-specific health services and care.

4. The country also has a large youth population, which calls for increased investments in human capital and a more inclusive development model. Although the educational coverage rates are high, the quality and accessibility of education must be improved. Two thirds of youth do not complete secondary education and many are unemployed.

5. The total fertility rate dropped from 3.7 children per woman in 1985 to 1.9 children per woman in 2006. Among indigenous women, the rate was 4.1 children per woman in 2004. In 2005, fertility among women aged 15 to 19 years was 67 births per 1,000 women. Fertility has decreased for this age group over the last 10 years, but at a slower rate than for other age groups. In 2005, 20.7 per cent of all births occurred to adolescent mothers. Multidisciplinary strategies are needed to address this issue.

6. The maternal mortality rate was 39 deaths per 100,000 women in 2005. Eighty-five per cent of all maternal deaths could have been prevented through proper access to health services and high-quality obstetric care. Addressing maternal mortality, especially among impoverished women, is a priority.

7. The incidence of HIV has increased over the last decade, particularly among women and adolescents. Of all registered HIV cases in 2005, 43.3 per cent were persons between 15 and 24 years of age. HIV-related health and educational services have traditionally used a biological approach, with little consideration given to prevention and to the cultural dimensions of sexuality. Discrimination and stigma continue to be associated with the disease.

8. Costa Rica has made significant progress in achieving gender equality, especially with regard to formulating public policies that recognize and promote women's rights. However, gaps exist in implementing these policies. Women in Costa Rica still face inequities in the private and public spheres, including greater vulnerability to poverty and fewer opportunities to earn high incomes. Violence against women must also be addressed.

II. Past cooperation and lessons learned

9. UNFPA began its cooperation with the Government in 1983. During the past 10 years, UNFPA operated under a cooperation framework that it funded primarily from regular resources.

10. UNFPA promoted a human rights and gender perspective in the previous programme. The programme contributed to the achievement of the following: (a) the elaboration of public policies and legislation related to sex education, gender, HIV and AIDS, youth and the elderly; (b) the promotion of reproductive rights and HIV prevention in formal and non-formal education; and (c) the development of a model for adolescents within the national social security system.

11. UNFPA has built strategic partnerships with both traditional and non-traditional institutions and organizations, including faith-based organizations, in order to develop initiatives focused on gender, reproductive health, HIV, and the roles and responsibilities of men and fathers. Through these partnerships, UNFPA has helped to develop synergies among key stakeholders.

12. The major lessons learned include: (a) non-traditional partners have proved to be receptive, committed and efficient; (b) advocacy works best when it involves a wide range of partners; (c) projects incorporating cultural and religious aspects have a greater impact; (d) it is important to create synergies with partners, in order to develop conceptual and programmatic frameworks to address issues related to youth, gender and the role of men; and (e) programme sustainability is enhanced by assisting citizens in demanding social services and by the creation of partnerships among parliamentarians, civil society organizations and other key stakeholders.

13. Challenges include the need to: (a) increase cooperation with civil society organizations to strengthen their participation in public policy and decision-making; (b) generate accessible, up-to-date information on population and development and sexual reproductive health that is disaggregated by age, sex and ethnic group; (c) design and develop innovative strategies to increase knowledge of sexual and reproductive health and rights; (d) develop partnerships with the Government at national and subnational levels; and (e) work with indigenous people, persons of African descent and immigrant populations to respond to their needs in an appropriate and culturally sensitive manner.

III. Proposed programme

14. UNFPA developed the proposed programme through a participatory and consultative process with government institutions and civil society representatives. The programme is based on a population situational analysis, and incorporates the priorities defined in the common country assessment and the United Nations Development Assistance Framework (UNDAF). UNFPA has harmonized its programme cycle with those of UNDP and the United Nations Children's Fund.

15. The programme contributes to the following national development goals: (a) reducing poverty and inequality; (b) improving the coverage and quality of social services, especially those related to health care and education; (c) strengthening public institutions; (d) promoting human rights; and (e) promoting gender equality and equality between generations.

16. The interventions incorporate lessons learned and best practices, to guarantee sustainability and a gradual increase in government programming. The programme will strengthen coordination with government authorities, particularly the Ministry of National Planning and Economic Policy, to ensure alignment with the national development plan.

17. The programme strategies will focus on advocacy, national capacity-building and partnerships, and the application of a gender- and human rights-based approach.

Reproductive health component

18. This component supports the following UNDAF outcomes: (a) strengthened institutional capacities at national and local levels to design, execute and evaluate

pertinent, inclusive, participatory and equitable public policies; and (b) strengthened participation of citizens in demanding and monitoring the fulfilment of individual and collective rights and duties.

19. The country programme outcomes of this component are: (a) national institutions guarantee citizens their right to sexual and reproductive health; and (b) civil society, particularly immigrants, youth and indigenous peoples, are empowered to demand their reproductive health rights.

20. *Output 1: Public institutions are able to develop methodologies for information, education and training on sexual and reproductive health, including HIV and AIDS prevention.* UNFPA will support: (a) awareness-creation, education and the dissemination of information among government officials and service providers; and (b) civil society organizations, especially those that focus on youth, in developing strategies to access, share and disseminate information on reproductive rights and sexual and reproductive health.

21. *Output 2: National institutions have strengthened capacity to improve the quality and accessibility of reproductive health services, particularly for vulnerable groups.* This will be achieved by: (a) initiating policy dialogues and advocacy efforts to improve sexual and reproductive health services, including early cancer detection and male involvement; (b) promoting high-quality public health services for vulnerable groups, such as indigenous peoples, immigrants and people living in poverty; (c) building capacity in the area of reproductive health commodity security; (d) supporting the development of a fertility and reproductive health survey and the utilization of survey data; and (e) implementing a comprehensive health-care model for adolescents.

22. *Output 3: Civil society is strengthened in order to improve and implement legislation related to sexual and reproductive health, including HIV and AIDS prevention.* This will be achieved by: (a) helping networks of civil society organizations, particularly youth organizations, to participate in policy dialogues related to reproductive health, including HIV and AIDS; and (b) providing technical assistance on advocacy and strategic planning to civil society organizations working in the area of reproductive health.

Population and development component

23. This component will contribute to the UNDAF outcomes related to: (a) strengthened capacities and abilities of public institutions and civil society to create conditions for achieving inclusive, sustainable and equitable human development; and (b) the design of participatory and equitable public policies.

24. The two country programme outcomes for this component are: (a) national institutions generate, analyse and disseminate population data for public policies; and (b) civil society has access to high-quality information on population and development issues for evidence-based advocacy.

25. *Output 1: Institutional capacities are strengthened to generate, collect and analyse information on population and development linkages in order to design, implement and monitor public policies on poverty reduction and sexual and reproductive health.* This will be achieved by: (a) supporting the development of a fertility and reproductive health survey; (b) providing technical assistance to research institutions; (c) supporting the use of data to develop and monitor policies;

and (d) advocating the use of sociodemographic variables as determining factors in social investment.

26. *Output 2: The participation of citizens is strengthened in order to improve access to information on population and development issues.* This will be achieved by: (a) supporting awareness-creation and dissemination processes to increase the access of citizens to information on population and development issues; and (b) supporting the participation of citizens in policy formulation.

Gender component

27. The gender component contributes to the following UNDAF outcomes: (a) strengthened capacities and abilities of public institutions and civil society to create conditions for achieving inclusive, sustainable and equitable human development; and (b) adopted and strengthened sociocultural practices that promote and legitimize equitable, non-discriminatory relationships.

28. The outcomes of the gender component are: (a) national policies and programmes help to enforce laws on gender equality and equity; and (b) women's and civil society organizations develop practices that promote gender equality and equity among all persons.

29. *Output 1: National and local institutions have improved capacity to develop and implement policies and programmes on gender equality and equity, and to prevent and address violence against women.* This will be achieved by: (a) supporting the implementation of the national policy on gender equity and equality, focusing on reproductive rights and women's economic autonomy; (b) promoting women's productive and reproductive roles within the context of poverty reduction; (c) supporting efforts to address and prevent violence against women.

30. *Output 2: National institutions have improved capacity to analyse gender inequality in the design of plans, and in budgetary and statistical planning.* This will be achieved by: (a) building the capacity of, and providing technical assistance to, government institutions providing analyses on gender inequality and inequity, including gender budgeting and gender-sensitive statistics; and (b) supporting the use of gender-related data to design and monitor public policies.

31. *Output 3: Women's organizations and civil society are strengthened to enable them to participate in designing, monitoring and evaluating public policies and in advocating gender equality and equity.* This will be achieved by: (a) supporting public institutions in designing and implementing legislation, policies and programmes for gender equality and equity, and by preventing and addressing violence against women; and (b) strengthening the participation of citizens in advocating their human rights, in particular, their reproductive rights.

IV. Programme management, monitoring and evaluation

32. The national execution modality will be used to implement the programme, employing the harmonized approach to cash transfers, whenever possible. The Government and UNFPA will conduct annual country programme reviews, and UNFPA will participate in the UNDAF midterm review. A commission consisting of

representatives from government institutions, UNFPA and civil society organizations will meet at least once a year to monitor the programme.

33. The UNFPA country office will seek to strengthen coordination and collaboration among government institutions and civil society organizations, utilizing their comparative advantages in programme implementation to achieve results. Costa Rica will become a joint United Nations office model in accordance with the recommendations of the triennial comprehensive policy review of operational activities for development of the United Nations system. National consultants and UNFPA advisers will provide technical assistance.

34. The country office in Costa Rica consists of a non-resident UNFPA country director based in Nicaragua; an assistant representative; and administrative and support staff, as per the approved country office typology. UNFPA will earmark programme funds to recruit national staff to strengthen programme implementation. UNFPA will seek to mobilize additional resources from donors and from public and private organizations.

Results and resources framework for Costa Rica

National priorities: (a) public policy; (b) citizen participation **UNDAF outcomes**: by 2012, (a) strengthened institutional capacities at national and local levels to design, execute and evaluate pertinent, inclusive, participatory and equitable public policies, that centre on a human rights-based approach; (b) strengthened participation of citizens in demanding and monitoring the fulfilment of individual and collective rights and duties, as well as for influencing decision-making and public policy, especially among vulnerable sectors and groups				
Programme component	**Country programme outcomes, indicators, baselines and targets**	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Reproductive health	Outcome 1: National institutions guarantee citizens their right to sexual and reproductive health Outcome indicator: • Number of national institutional policies and programmes incorporating human rights related to sexual and reproductive health	Output 1: Public institutions are able to develop methodologies for information, education and training on sexual and reproductive health, including HIV and AIDS prevention Output indicators: • Number of institutions that have received technical assistance • Number of youth organizations able to access and analyse information Output 2: National institutions have strengthened capacity to improve the quality and accessibility of reproductive health services, particularly for vulnerable groups Output indicators: • Number of public officials trained • Number of institutions contributing to the implementation of the comprehensive health-care model for adolescents	Ministries of: Health; Public Education; and Governance, Police and Public Security; National Youth Council; Social Security Fund; Ombudsman's Office	$2.5 million ($1.1 million from regular resources and $1.4 million from other resources)
	Outcome 2: Civil society, particularly immigrants, youth and indigenous peoples, are empowered to demand their reproductive health rights Outcome indicator: • Number of organizations participating in decision-making processes related to reproductive rights	Output 3: Civil society is strengthened in order to improve and implement legislation related to sexual and reproductive health, including HIV and AIDS prevention Output indicator: • Number of civil society organizations supported to participate in policy dialogue	Youth and women's organizations; Non-governmental organizations (NGOs) working in HIV prevention; Immigrant Forum	
National priorities: (a) inclusive, sustainable and equitable development style; (b) public policy; and (c) citizen participation **UNDAF outcomes:** by 2012: (a) strengthened capacities and abilities of public institutions and civil society to create conditions for achieving inclusive, sustainable and equitable human development; and (b) the design of participatory and equitable public policies				

Population and development	Outcome 1: National institutions generate, analyse and disseminate population data for public policies Outcome indicator: Number of institutions supported in generating and disseminating information on population and development	Output 1: Institutional capacities are strengthened to generate, collect and analyse information on population and development linkages in order to design, implement and monitor public policies on poverty reduction and sexual and reproductive health Output indicators: • Number of institutions able to generate, collect and analyse population data • Number of institutions with the capacity to integrate population dynamics into public policies	Ministry of National Planning and Economic Policy; Ageing Council; National Institute of Statistics and Censuses; University of Costa Rica	$1.1 million ($0.6 million from regular resources and $0.5 from other resources)
	Outcome 2: Civil society has access to high-quality information on population and development issues for evidence-based advocacy Outcome indicator: Number of organizations that have access to, and use, information on population and development	Output 2: The participation of citizens is strengthened in order to improve access to information on population and development issues Output indicator: Number of NGOs with knowledge on how to access and analyse information on population and development	National youth mechanism; Immigration Forum; NGOs	
National priority: inclusive, sustainable and equitable development **UNDAF outcomes:** by 2012, (a) strengthened capacities and abilities of public institutions and civil society to create conditions for achieving inclusive, sustainable and equitable human development; and (b) adopted and strengthened sociocultural practices that promote and legitimize equitable, non-discriminatory relationships				
Gender	Outcome 1: National policies and programmes help to enforce laws on gender equality and equity Outcome indicator: Number of mechanisms developed to guarantee gender equality and equity	Output 1: National and local institutions have improved capacity to develop and implement policies and programmes on gender equality and equity, and to prevent and address violence against women Output indicator: Number of national and local officials able to develop a gender approach	National Women's Institute; Supreme Court of Elections; Legislative Assembly	$1.15 million ($0.55 million from regular resources and $0.6 million from other resources) Total for programme coordination and assistance: $0.25 million
		Output 2: National institutions have improved capacity to analyse gender inequality in the design of plans, and in budgetary and statistical planning Output indicator: Number of institutions that are able to incorporate specific actions on gender equality and equity in their annual operational plans	Judicial branch; National Audit Office; Ministry of the Treasury	
	Outcome 2: Women's and civil society organizations develop practices that promote gender equality and equity among all persons Outcome indicator: Number of organizations that influence decision makers	Output 3: Women's organizations and civil society are strengthened to enable them to participate in designing, monitoring and evaluating public policies and in advocating gender equality and equity Output indicators: • Number of women's and civil society organizations with strengthened capacities • Number of organizations able to participate in advocacy actions	Women's and youth organizations	